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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: T. PEYTON

)
: Group Art Unit: 2782

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) **March 7, 2001**

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AMENDMENT AFTER FINAL REJECTION AND PETITION FOR EXTENSION OF TIME

Petition For Extension of Time

Applicant petitions the Commissioner to extend the period for response to the September 7, 2000 Office Action from December 7, 2000 to March 7, 2001. Attached is the required \$890.00 fee.

890.00 0P

AF#
GP 2782
2782

RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2782

In re Application of:

TOMISHIGE TAGUCHI

Application No.: 09/312,823

Filed: May 17, 1999

For: ELECTRONIC APPARATUS HAVING
CONNECTING MEANS

Box AF
COMMISSIONER FOR PATENTS
Washington, D.C. 20231



Docket No.: 35.C8117 C/D

Examiner: T. PEYTON

Group Art Unit: 2872

Date: March 7, 2001

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Sir:

Transmitted herewith is an Amendment Final Rejection in the above-identified application.

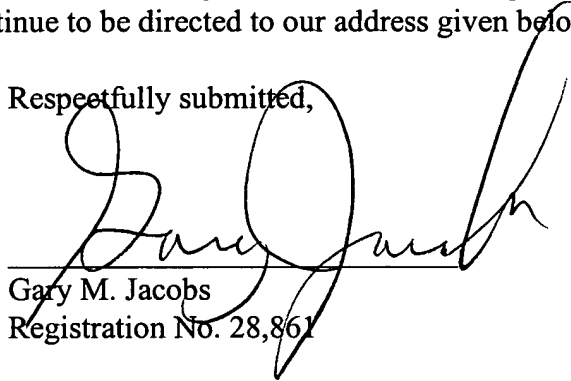
☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	80	MINUS	130	= 0	x \$9 \$18	0
INDEP. CLAIMS	9	MINUS	9	= 0	x \$39 \$78	0
Fee for Multiple Dependent claims \$130°/\$260						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 890.00 to cover the fee for a six month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Gary M. Jacobs
Registration No. 28,861

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